

# **Mindy S. Wagaman Memorial Scholarship**

## **Information Sheet**

### **WHO MAY APPLY**

The applicant must be enrolled in an accredited program at a community college, college or university leading to a certificate or certification as a Phlebotomist, Medical Laboratory Technician, or Medical Technologist. The applicant must be in good academic standing.

### **SCHOLARSHIP AWARD**

The Mindy S. Wagaman Memorial Scholarship amount is flexible and will be based on need. The scholarship award will be sent directly to the student and may be used for: tuition, textbooks, lab fees, child-care, and/or travel expenses to and from their academic college or university.

### **FINANCES**

The award will be based, to a limited extent, on the student's financial situation. Be fair and honest when estimating the sum you need to complete your education. Itemize your expenses on page 2 of the application. Documentation of expected costs to attend classes may be required.

### **TRANSCRIPTS**

An official transcript of all grades earned-to-date should be requested by you to the Registrar of your institution. You should also attach any current grades not included on this official transcript to your application. Ask for a receipt so you know the transcript(s) have been mailed to the address below OR include the official transcript(s) with your scholarship application.

### **WRITTEN REFERENCES**

Please submit two (2) professional references. Follow-up to be sure the references have been mailed to the address below OR you may include them with your application.

### **ONE PAGE ESSAY**

Prepare a one (1) page, typed and double-spaced essay stating your career goals and why the scholarship should be awarded to you.

### **DUE DATE**

Your application, 2 references (if not sent separately), transcript(s), and essay may be mailed or hand-delivered and are due in the Waynesboro Hospital Volunteer Office **on or before 5:00pm on March 1, 2019.**

Scholarship Committee Chairperson  
Waynesboro Hospital Auxiliary Office  
Waynesboro Hospital  
501 East Main Street  
Waynesboro, PA 17268

**Waynesboro Hospital Auxiliary**

**Mindy S. Wagaman Memorial Scholarship  
Application Form**

Please print or type information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

E-mail address \_\_\_\_\_

Current Occupation: \_\_\_\_\_

Please circle your Career Objective:

Phlebotomist

Medical Lab Technician

Medical Technologist

Marital Status: \_\_\_\_\_ Number of Dependents: \_\_\_\_\_

College or University now attending: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Major/Curriculum: \_\_\_\_\_

Number of credits required to complete this curriculum: \_\_\_\_\_

Number of credits you have completed thus far: \_\_\_\_\_

Number of credits enrolled in this semester: \_\_\_\_\_

Number of credits to be enrolled next semester: \_\_\_\_\_

Anticipated date of graduation: \_\_\_\_\_

Total cost for complete curriculum: (tuition, textbooks, child-care, transportation, lab fees, etc.):

\$ \_\_\_\_\_

Estimate of finances needed to finish your education: \$ \_\_\_\_\_

(Itemize all expenses on page 2)

Itemized finances needed to finish your education:

Category	Estimated Cost
Tuition	\$
Textbooks	\$
Transportation	\$
Childcare	\$
Lab fees	\$
Other	\$
<b>Total</b>	<b>\$ (transfer this amount to page 1)</b>

- ❖ Attach a one-page essay stating why we should consider you for the Mindy S. Wagaman Memorial Scholarship. This must be no longer than one (1) typed page, double-spaced.
- ❖ Submit official transcript(s) with college seal of **ALL** community college, college, and university credits earned to date. The transcript(s) may be submitted with your application, one-page essay, and references or mailed by the Registrar to the address below, arriving on or before 5:00pm March 1, 2019.
- ❖ Submit two (2) professional references as per directions on the attached Information Sheet.

Scholarship Committee Chairperson  
Waynesboro Hospital Auxiliary  
Waynesboro Hospital  
501 East Main Street  
Waynesboro, PA 17268

**APPLICATION, ONE-PAGE ESSAY, TRANSCRIPT(S), AND 2 REFERENCES  
MAY BE MAILED OR HAND-DELIVERED AND ARE DUE IN THE  
WAYNESBORO HOSPITAL VOLUNTEER OFFICE ON OR BEFORE 5:00PM  
ON MARCH 1, 2019.**

WAYNESBORO HOSPITAL AUXILIARY

**MINDY S. WAGAMAN MEMORIAL SCHOLARSHIP REFERENCE**

Mindy S. Wagaman Memorial Scholarship Applicant:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Circle one of the following career fields applicant is enrolled in:

**Phlebotomist**

**Medical Laboratory Technician**

**Medical Technologist**

The above listed student is applying for a scholarship toward higher education in the field chosen above. Please assist by providing the following information:

1. Describe your relationship with this student.
  
  
  
  
  
  
  
  
  
  
2. Please answer the following as they relate to your knowledge of the applicant and his/her aptitude for the above circled career program:
  - A. Describe the applicant's level of maturity—reliability, ability to deal with new situations, etc.
  
  
  
  
  
  
  
  
  
  
  - B. Assess the applicant's approach to academic life. Indicate initiative, conscientiousness, determination, promptness, accuracy, etc.
  
  
  
  
  
  
  
  
  
  
  - C. Why do you feel this applicant would be successful in his/her chosen field?

- D. Give any personal comments that would further describe the applicant, his/her character, personality, attitude, etc.

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Signature

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Printed Name

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E-mail Address

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Telephone Number –(If additional information is needed  
from Scholarship Committee)

All information must be completed and either returned to applicant in sealed envelope or mailed to the address below **on or before March 1, 2019.**

Scholarship Committee Chairperson  
Waynesboro Hospital Auxiliary Office  
Waynesboro Hospital  
501 East Main Street  
Waynesboro, PA 17268

Your help in providing this information is greatly appreciated. If you have any questions concerning this reference form, please call the Waynesboro Hospital Auxiliary office at 765-4000, extension 5205, between the hours of 9am-1pm.

WAYNESBORO HOSPITAL AUXILIARY

**MINDY S. WAGAMAN MEMORIAL SCHOLARSHIP REFERENCE**

Mindy S. Wagaman Memorial Scholarship Applicant:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Circle one of the following career fields applicant is enrolled in:

**Phlebotomist**

**Medical Laboratory Technician**

**Medical Technologist**

The above listed student is applying for a scholarship toward higher education in the field chosen above. Please assist by providing the following information:

1. Describe your relationship with this student.
  
  
  
  
  
  
  
  
  
  
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  - C. Why do you feel this applicant would be successful in his/her chosen field?

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Signature

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Printed Name

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E-mail Address

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